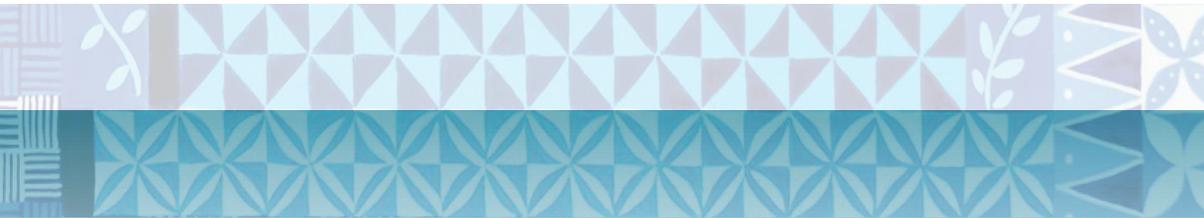




Eleventh Pacific Health Ministers Meeting



# 2015 Yanuca Island Declaration on health in Pacific island countries and territories

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15–17 April 2015





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# Introduction

We are pleased to present the 2015 Yanuca Island Declaration, detailing the decisions and agreements made by the Pacific ministers of health in 2015 at the Eleventh Pacific Health Ministers Meeting on Yanuca Island, Fiji.

Twenty years ago, the first Ministerial Conference on Health for the Pacific Island Countries was also convened on Yanuca Island. The meeting was held in response to rapidly changing social and economic conditions affecting the quality of life and health in the Pacific.

At that first meeting, ministers adopted the vision of Healthy Islands as the unifying theme for health promotion and health protection.

Since that time, nine biennial meetings of Pacific health ministers have been held, most recently in July 2013 in Apia, Samoa. In addition, an ad hoc meeting of the Pacific health ministers was also convened in July 2014 in Honiara, Solomon Islands, in conjunction with the Joint Economic and Health Ministers Meeting.

The Government of the Republic of Fiji graciously hosted the Eleventh Pacific Health Ministers Meeting with support from the Secretariat of the Pacific Community and WHO. The meeting has provided an opportunity to reflect on the Healthy Islands journey and examine achievements, challenges and the way forward.

The vision remains as relevant and powerful now as it was during that first meeting of ministers on Yanuca Island in March 1995.



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WHO Regional Director  
for the Western Pacific



Honourable Jone Usamate  
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Dr Colin Tukuitonga  
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## 2015 Yanuca Island Declaration on health in Pacific island countries and territories

We, the Ministers and representatives of 19 Pacific island governments, assembled on Yanuca Island, Fiji, from 15 to 17 April 2015, reaffirmed our commitment to the Healthy Islands vision as a unifying theme to guide health development and to chart the way forward towards the realization of the vision.

*Healthy Islands are places where:*

- children are nurtured in body and mind;
- environments invite learning and leisure;
- people work and age with dignity;
- ecological balance is a source of pride; and
- the ocean which sustains us is protected.<sup>1</sup>

The vision provides a rallying point that speaks to our Pacific spirit. Family and community values, the foundation of the Pacific culture, are our strength and should be nurtured.

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1. The first four statements were agreed at the 1995 Health Ministers meeting at Yanuca Island, Fiji; the last statement concerning the ocean was added after the 1999 Health Ministers meeting in Palau.



## *We, Ministers:*

Confirm that over the past 20 years the Healthy Islands vision has served the Pacific, having been adapted and applied to different country contexts. New approaches were introduced, such as health-promoting villages and schools, and working with other sectors. Progress has been observed in infectious disease control, with reductions in chronic hepatitis B infection rates, especially among children, and the maintenance of polio-free status despite threats of its importation. This progress has contributed to significant improvements in child survival across the region. Many countries have also reported improvements in life expectancy. However these gains have not been consistent across all countries. In addition, a significant gap persists between the Pacific and the rest of the world.

Recognize that the Pacific is facing mounting health challenges. An increasing population and ageing populations will further increase demands on our health systems. New diseases, such as chikungunya, are emerging, while tuberculosis, malaria, measles and diarrhoea continue to threaten health. There are further gains in child survival and life expectancy to be made. Noncommunicable diseases, such as diabetes, are rising to levels higher than in the rest of the world, shortening the lives of the adult population. The real and potential impacts of climate variability on health and health systems represent an immediate challenge in the Pacific.

Stress that factors outside of the health sector also impact health. The frequency and severity of natural disasters, economic volatility and the wide availability of tobacco, alcohol and poor-quality food are but a few examples. However, the increasing availability of goods and services, the promise of new technologies, and improved transport and communications can make a positive contribution. The increased complexity of health and health services will require concerted whole-of-government and whole-of-society efforts.

Emphasize that business as usual is no longer acceptable.



### *Pledge to:*

1. **Exercise** our ministerial leadership to actively engage country leadership in implementing the Healthy Islands vision. Multisectoral action and legislation are required to address health challenges. Promoting this declaration across ministries and at the highest levels in country can be one concrete step.
2. **Articulate** a governance and accountability framework for work to be carried out at the Pacific level, as well as mechanisms for priority setting. This includes tasking the Heads of Health to lead implementation with the support of development partners, aligned with national priorities and based on sound evidence and best practices, including the rich experience of the Pacific.
3. **Monitor** progress and achievements towards the Healthy Islands vision. This requires a reporting system with operational targets and indicators based on existing indicators and frameworks, developed at the country level and supported by robust country health information systems.
4. **Foster** a community empowerment and engagement approach in programme delivery, led by those who best understand how to support their communities.
5. **Ensure** the Pacific voice is heard in global conversations, so that our experience may guide others and our specific concerns are addressed, including through novel funding sources.

Specific recommendations and actions agreed at the Eleventh Pacific Health Ministers Meeting are detailed in Annex 1.

# Signatories

American Samoa



Cook Islands



Republic of Fiji



Guam



Kiribati



The Marshall Islands



The Federated States of Micronesia



Republic of Nauru



New Caledonia



Niue



Commonwealth of the Northern Mariana Islands



Palau



Papua New Guinea



Samoa



Solomon Islands



Tokelau



Tonga



Tuvalu



Vanuatu





# ANNEX 1

## Proposed recommendations from the working groups

### Strengthening leadership, governance and accountability

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#### *Proposed future directions*

#### **1. Strengthen Pacific leadership, governance and accountability**

- ▶ Focus the role of the Pacific Health Ministers Meeting on setting priorities, targets and indicators, and on monitoring and tracking progress, including reporting and accountability. These will be influenced by other factors, such as country situation and size; therefore, progress may differ between countries.
- ▶ Build on agreed regional and international frameworks, such as the Small Island Developing States Accelerated Modalities of Action (SAMOA) Pathway, Millennium Development Goals and proposed Sustainable Development Goals.
- ▶ Ensure a clear mechanism and reporting pathway between the Heads of Health and the Ministers of Health. This mechanism should be formalized (for example, with clear terms of reference), using existing working groups and subcommittees, under the Heads of Health.
- ▶ Enact and/or update national health laws and regulations as necessary, and include appropriate enforcement measures.
- ▶ Share country experiences among health leaders and managers.

#### **2. Improve the quality of data and evidence for policy- and decision-making, resource allocation and progress tracking**

- ▶ Develop appropriate and sustainable digital civil registration and vital statistics and health information systems, with national oversight mechanisms and supportive regulation and processes. These include:
  - a core data set on leadership, governance and accountability (at country and Pacific levels);
  - improving the quality and timely use of health data, and building on relevant initiatives; and
  - developing evidence-based technical policy briefs, fact sheets and dashboards.
- ▶ Indicators should be based on existing national indicators.
- ▶ Consider developing shared indicators at the Pacific level and where appropriate report on health system effectiveness.



This may include:

- programme outcomes, such as maternal and child health, and immunization;
- legislative and policy measures:
  - drafting/review of appropriate laws (for example, banning fizzy drinks, tobacco control, public health); and
  - financing, human resources for health to name a few.

### **3. Improve national leadership capacity, working across sectors and ensuring coherence and integration**

- ▶ Develop and improve leadership and management capacity, including dialogue with other sectors.
- ▶ Ensure that health remains a national development priority across sectors, through advocacy and dialogue with other sectors, for mutual benefit.
- ▶ Deploy and retain competent managers in critical services and programmes.
- ▶ Engage the public and other stakeholders in health policy and planning.

### **4. Make aid effectiveness a reality**

- ▶ Ministers may encourage international agencies and development partners to align their support to regional and national priorities, and national health policies, strategies and plans (NHPSPs).
- ▶ Improve the quality and relevance of NHPSPs.



## Nurturing children in body and mind

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*Proposed future directions:*

### **1. Strengthen service provision to ensure child health, including provision of prenatal and maternal care**

- ▶ Undertake national “continuum of care” assessments.
- ▶ Ensure strong perinatal services and enhanced emergency obstetric and newborn care.
- ▶ Ensure the availability and accessibility of family planning services.
- ▶ Reduce teenage pregnancies.
- ▶ Eliminate congenital syphilis and prevent parent-to-child transmission of HIV.
- ▶ Consider rational introduction of new vaccines and strengthen effective vaccine management.
- ▶ Agree on a core set of indicators and strengthen data management.
- ▶ Engage in priority programme partnerships to work towards agreed results- based outcomes.
- ▶ Integrate the Expanded Programme on Immunization (EPI) with other programmes, such as the Package of Essential Noncommunicable Disease Interventions for Primary Health Care (PEN).

### **2. Build on success stories in programme implementation and health outcomes**

- ▶ Strengthen nutrition, including revitalizing the Baby-friendly Hospital Initiative (BFHI); target full accreditation of hospitals.
- ▶ Share best practices on programme delivery.
- ▶ Strengthen, maintain and further develop EPI.
- ▶ Conduct in-depth studies or use monitoring tools for inequitably delivered activities.

### **3. Strengthen Integrated Management of Childhood Illness and early child development monitoring**

- ▶ Review and strengthen child development monitoring.
- ▶ Incorporate monitoring milestones in patient information systems.
- ▶ Encourage national ownership of Integrated Management of Childhood Illness (IMCI), with regional support.

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- ▶ Incorporate IMCI fundamentals in primary health care settings.
  - ▶ Develop a body mass index monitoring system for school and pre-school children.
  - ▶ Raise the profile of nutrition by including nutrition activities in maternal and child health clinics.
  - ▶ Improve breastfeeding and complementary feeding practices.

#### **4. Ensure a holistic, life-course approach to protecting and nurturing children**

- ▶ Adopt a holistic approach in national strategy development.
- ▶ Develop or strengthen legislative protection for children, including adolescents.
- ▶ Support “continuum of care” and “life-course” approaches that involve the family and include the strong involvement of fathers in nurturing children.

#### *Ministers may also consider*

- ▶ Garnering government commitment for nurturing children in body and mind, including ensuring adequate financial resources.
- ▶ Supporting the family’s role in child health and protection.
- ▶ Adopting a “continuum of care” approach and ensuring a holistic approach, from “womb to tomb”.
- ▶ Pursuing a holistic approach to child health in national strategy development.
- ▶ Formalizing a strong partnership between ministries of health and education.
- ▶ Developing or strengthening legislative protection for children and adolescents.



## Reducing avoidable disease burden and premature deaths

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*Proposed future directions:*

### **Overarching actions**

- ▶ Undertake multisectoral action and “health in all policies” approaches:
- ▶ National mechanisms for implementing win-win solutions.
- ▶ Expand health promotion and protection beyond health education through policies, legislation and fiscal interventions.
- ▶ Commit to integrated, people-centred health service delivery through a defined package of services based on universal health coverage principles.
- ▶ Develop reliable and timely data on key indicators:
- ▶ A small set of indicators, with periodic data collection and timely reporting.
- ▶ Continue to improve civil registration and vital statistics.

### **Cross-cutting issues**

- ▶ Capacity building.
- ▶ Risk communication and health promotion.

### **1. Foster and lead multisectoral action and health-in-all-policies approaches**

- ▶ Poverty reduction, planned urbanization and reducing inequities can lead to improved health outcomes.
- ▶ Consider national mechanisms to achieve “health in all policies”.
- ▶ Policy actions should be based on regional experience and best practices, but should be community-driven and have community ownership.
- ▶ Actions in the NCD roadmap can guide multisectoral action:
- ▶ For example, increasing taxes on tobacco helps to reduce demand for tobacco and to increase revenue.
- ▶ Prioritize and protect access to essential medicines.
- ▶ Build on the Yanuca Island Declaration.
- ▶ Use strong community actions to develop national and political support, and develop community leadership.



## **2. Expand health promotion and protection beyond health education**

- ▶ Build healthy public policy through: legislation, fiscal measures, taxation and organizational changes.
- ▶ Introduce food and medicine labelling requirements in national legislation where none exists, including regional advocacy and support for implementation.
- ▶ Prepare to respond to disease outbreaks and to manage the ongoing risk of epidemic-prone diseases through robust, all-hazards preparedness plans and disease-specific strategies, including at the health-facility level.
- ▶ Strengthen infectious disease surveillance and response, such as malaria, tuberculosis and dengue fever.
- ▶ Strengthen opportunities for community participation and contributions to health, and improve access to information.
- ▶ Ensure that planning and actions are led by the community.

## **3. Develop integrated, people-centred health service delivery**

- ▶ Define a service delivery package for the level of primary health care to meet population needs, and ensure adequate facilities and well-trained staff:
- ▶ Consider equitable access, especially for remote and rural populations.
- ▶ Sustain referral facilities as part of integrated care to treat critical patients. Funding is crucial and should ultimately become part of national budgets.
- ▶ Involve communities in managing health facilities.
- ▶ Build on gains from vertical programmes, with long-term plans for support.
- ▶ Develop partnerships that can aid service delivery.

## **4. Ensure reliable and timely data on key health indicators**

- ▶ Develop and use population-based data on mortality, diseases and risk factors:
  - Globally-agreed targets and indicators are available for many diseases and risk factors. They can be prioritized and adapted to the Pacific context.
  - Maintain a focus on improving data on morbidity and mortality and cause of death, and on strengthening health information systems, including leadership, collaboration, technical support, local technical capacity and regular reporting.
  - Consider using a colour-coded dashboard to assess progress on an annual basis.
  - Under the Monitoring Alliance for Noncommunicable Disease Action (MANA), a dashboard is being developed for NCD prevention and control: a similar approach could be developed for other areas.



- ▶ Strengthen the Pacific Public Health Surveillance Network (PPHSN) for communicable disease surveillance.

#### *Ministers may also consider*

- ▶ Becoming champions for action and taking the lead.
- ▶ Pursuing “health in all policies” (building on Healthy Islands).
- ▶ Reviewing the distribution of budgets to reflect the need for a greater focus on preventive work.
- ▶ Maximizing opportunities for high-level regional meetings (such as the joint finance and health ministers meeting in 2014) with legislative leaders and ministers of health (such as a health policy summit).
- ▶ Supporting and encouraging the development of communities’ core aspects: family, faith, traditional values and farming.
- ▶ Ensuring that programmes and plans are community-led.
- ▶ Ensuring that Healthy Islands concepts are brought to the Regional Committee for the Western Pacific, World Health Assembly and other Pacific, United Nations and international forums.
- ▶ Endorsing the use of existing indicators to monitor actions.



## Promoting ecological balance

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*Proposed future directions:*

### **1. Scale up capacity to address environmental health risks to sustain and enhance ecological balance**

- ▶ Scale up the use of environmental health risk assessments to build evidence for policy development.
- ▶ Develop multisectoral actions to address national climate change health adaptation plans.
- ▶ Create innovative approaches to tourism that do not disturb ecological balance (e.g. ecotourism).
- ▶ “Build back better” initiatives, including interventions to address the psychosocial needs of communities.
- ▶ Ensure that health facilities are resilient to climate change impacts through retrofitting and relocation.
- ▶ Prevent exposure to toxic and hazardous materials, especially asbestos and pesticides.

### **2. Strengthen capacity for disaster risk management for health**

- ▶ The meeting noted the endorsement of the Strategy for Climate and Disaster Resilient Development in the Pacific (SRDP), which was adopted by the Secretariat of the Pacific Community’s Committee of Representatives of Governments and Administrations (CRGA) and the Secretariat of the Pacific Regional Environment Programme (SPREP) Meeting of Officials board in 2014, for submission to forum leaders in 2015.
- ▶ Develop, update and implement national action plans on disaster risk management for health that include prevention, preparedness, response and recovery.
- ▶ Build comprehensive health surveillance and early warning systems for early response and recovery to reduce disaster-related health impacts.
- ▶ Make healthcare facilities (including health records) safe to ensure uninterrupted service delivery during disasters.

### **3. Take action to ensure universal access to safe water and sanitation**

- ▶ Engage stakeholders in different settings – households, schools and health facilities – to implement programmes for water and sanitation, including the elimination of open defecation.



- ▶ Promote integrated community management of water, land, forest and coastal resources.
- ▶ Implement drinking-water security and safety plans in rural communities and outer islands.

### *Ministers may also consider*

- ▶ Adapting department structures to include:
  - integrating units for effectiveness and efficiency;
  - revitalizing environmental health units; and
  - recognizing the critical role of environmental health officers beyond minimum legal mandates.
- ▶ Training environmental health officers to ensure they have the right skill sets, including:
  - risk assessment to communicate with leadership using evidence and data;
  - risk management to be able to resolve environmental health problems; and
  - the ability to move from health inspection to covering disaster and climate change resilience.
- ▶ Building the capacity of local training institutions and networking.
- ▶ Setting up a subregional training centre for the next generation of environmental health officers. The training supported by the World Health Organization in the 1990s is a good example.
- ▶ Coordination, as follows:
  - The health sector should lead health-related issues in cabinet discussions.
  - Health should be well represented in the national climate change adaptation plan.
  - Ministries of health should coordinate the health aspects of humanitarian response.
- ▶ Integration, including:
  - multiple responsibilities within one unit for small countries; for example, an environmental health unit covering climate change and disaster risk management;
  - within agencies; and
  - water, sanitation and hygiene as a single package.
- ▶ Implementing guiding indicators, including:
  - disease indicators for monitoring impacts and effectiveness; and
  - process indicators.

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- ▶ Establishing frameworks, including:
    - having procedures in place;
    - having a plan and testing it;
    - undertaking risk assessment;
    - developing a risk register to prioritize preparedness;
    - establishing an early warning system; and
    - learning from experiences.
  - ▶ Accessibility and policy, including:
    - water supply: urban versus rural;
    - traditional lands; and
    - ensuring that populations around urban areas are not neglected.

### **Funding issues**

- ▶ The Green Climate Fund (GCF) and other global funds cover health. SPREP and the United Nations Development Programme were recently accredited to assist Pacific island countries and territories to access funds.
- ▶ Responsibilities are often assigned to the health sector without associated funding and appropriate support.
- ▶ National government funding:
  - Ministries of health must assign emergency funds for disasters.
  - Donors show interest in supporting disaster preparedness: ministries must tap into that interest.
  - Need to have a multi-year plan to spread out larger investments; for example, the hospital safety assessment in Solomon Islands.
- ▶ Need to tap into the significant funding available for climate change:
  - Globally, US\$ 100 billion will be available by 2020.
  - Only 1% went to the health sector by 2012.
  - The World Health Organization and the Secretariat of the Pacific Community can assist in preparing proposals to donors.



